

St Mary Immaculate None Gift Aid Donation Form

The Sum of £.....

Commencing on..... day of..... 20.....
MONTHLY / QUARTERLY / ANNUALLY and thereafter until further notice. (Please circle your choice of payment)

Signed.....Dated.....

Name of Bank:

Address of Bank:

.....

Your Bank Account Name:

Account No.

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Sort Code

Account holders name

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Parish Office to complete

Name of recipient Bank:.....

Address of Bank:

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Account Title:

Parish of

Account No.

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Sort Code

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